## Series EE Savings Bonds Payroll Deduction Form

Employee Name			Z Number		Group	
<u>- причее папте</u>			∠ Mullibe	l	Group	
This is a new authorization: (check one)			☐ Each payday		☐ Alternating payday	
This is a change: (check change			☐ Amount	☐ Address	□ SS#	
changes desired)			☐ Owner ☐ Beneficiary			
Cancel E. E. Bond			]			
I hereby authorize the \$ transmit to the Federa indicated below:	_from my i	pay, beginning_			ratory to deduct _, which they will es EE Savings Bonds as	
		Bond Amount	Payroll D	eduction		
		\$100.00	= \$50.00			
		\$200.00	= \$100.00			
	무	\$500.00	= \$250.00			
		\$1,000.00	=  \$500.00	)		
	ISSU	E BONDS IN TH	HE NAME O	F OWNER:		
Name first			last		<u> </u>	
Name mst		middle		last	Social Security Number	
name mst		middle		last	Social Security Number	
Address (street, City State, Zip)	,	middle		last	Social Security Number	
Address (street, City		eficiary		last	,	
Address (street, City State, Zip)			(check on		,	
Address (street, City State, Zip)	□ Ben	eficiary	(check on	ly one, if eith	er desired)	
Address (street, City State, Zip)  Co-owner  Name first  Address(street, City, State, Zip)  It is agreed that the Las indicated above, a Kansas City), and that	□ Ben  University our of transminent there share funds have	eficiary  middle  f California, Los to these funds to all be no liability	(check on Alamos Natithe issuing on the University	ly one, if eith	er desired) Social Security Number Fory will deduct amounts	